

PROVIDER RELATIONS

**2023 Provider Satisfaction
Survey Results**

Updated May 2024

**Community
Behavioral
Health**

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1. INTRODUCTION

CBH conducts an annual Provider Satisfaction Survey (PSS) to gauge our performance and obtain provider feedback. CBH uses the results of the PSS to identify key opportunities for improving providers’ experience. The purpose of this survey is to assess overall provider satisfaction with CBH and identify specific critical areas of service satisfaction with the following departments: Member Services, Provider Relations, Clinical Management, Claims Management, Quality Management, Compliance, NIAC, and those involved in the Pay-for-Performance (P4P) and Credentialing and Re-Credentialing processes. The following report includes the results from the 2023 PSS, identified improvement opportunities, and the actions CBH will take in 2024 to improve providers’ experience further.

2. METHODOLOGY

2.1. Survey Distribution

The PSS was open to providers via a link to the SurveyMonkey software platform from December 18, 2023, to January 19, 2024. Participation in the PSS is voluntary, and providers were notified of the survey’s availability in the [CBH Provider News Blast](#) and cbhphilly.org. CBH Provider Representatives also reminded providers to complete the survey through direct messaging and during provider meetings with Clinical and Quality Management staff. The 2023 survey consisted of 81 questions in the following topic areas:

| Question | Topic Area |
|----------|--|
| 1-4 | Respondent Profile |
| 5-7 | CBH Overall Satisfaction |
| 8-12 | CBH Member Services |
| 13-15 | CBH Provider Relations |
| 16-21 | CBH Provider Training and Development |
| 22-24 | CBH Contracting |
| 25-31 | CBH Clinical Care Management |
| 32-36 | CBH Claims Management |
| 37-45 | CBH Quality Management and Performance Evaluation |
| 46-58 | CBH Compliance |
| 59-69 | CBH Credentialing Process |
| 70-78 | CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC) |
| 79-81 | CBH Provider Manual and other suggestions |

Survey respondents were encouraged to identify their job title and the department before completing the rest of the survey. Furthermore, at the beginning of each section, respondents were asked if they had contact with the department. These responses were not significant to the report findings but were used to provide CBH with information about the provider staff completing each section and ensure relevant responses. Therefore, the following questions will be omitted from the results sections: Q8, 13, 16, 22, 25, 32, 37, 43, 46, 59, and 70.

Providers were permitted to complete multiple responses and were encouraged to include staff at all levels in responding to the survey. Survey respondents were instructed to complete the survey or respond to sections of the survey that were most relevant to their work (e.g., provider billing staff may only respond to the Claims Department questions). Logic embedded in the SurveyMonkey software allowed respondents to skip questions for any sections where they indicated they did not contact CBH for the purpose described, e.g., “Did your agency have a virtual NIAC site visit in 2023?” as a representative of their agency. Thus, the sample size varies throughout the instrument and should be carefully considered as a factor in any analysis.

2.2. Survey Analysis

Before survey distribution, all survey questions were reviewed by CBH Quality Improvement, Data Analytics, and Departments that will be surveyed staff for Face Validity. This process includes quality assurance for the coherence of each question, question/response alignment, and making all Likert-type scales across the instrument consistent in offering four choice levels—“very positive,” “positive,” “negative,” and “very negative”—with specific language connected to the measure. A measure asking about the clarity of written instructions would include the choices “very clear,” “clear,” “unclear,” and “very unclear.”

The results of the survey were reviewed and assessed for positive responses. A positive response is agreement with positive statements in the Likert-type Scale such as “Always and Usually,” “Much Better and Somewhat Better,” “Very Satisfied and Satisfied,” “I have had few or no problems,” and “Strongly Agree and Agree.” The results were analyzed for the ratio of positive responses to total responses, and outcomes were shared for CBH/DBH and provider review in the March 2024 Quality Improvement Committee (QIC). Measures that achieved a positive response of at least 85% met the threshold set by CBH. Measures that did not meet the 85% threshold were identified as opportunities for improvement. Departments were allowed to review all items pertinent to their work and asked to develop action steps to address opportunities.

3. SATISFACTION RESULTS

3.1. Respondent Profile

Overall, the 2023 PSS had 128 respondents, a decrease from the 2022 PSS survey, which had 146 respondents. The first four questions of the PSS were used to obtain demographic information to understand the profile of respondents.

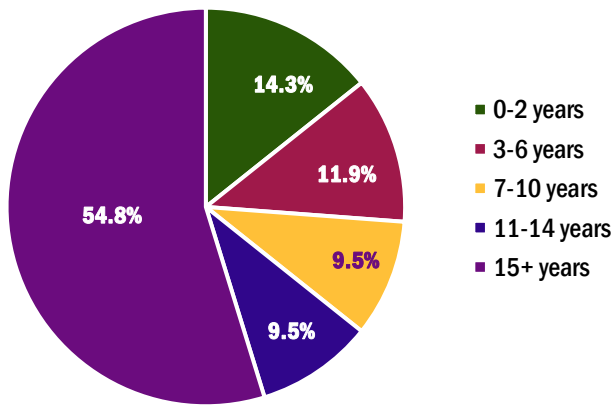
Q1. Are you responding to this survey on behalf of an independent practitioner, group practice, or facility?

Result: Of 128 respondents, 61% (78) were part of a facility, 15% (19) were part of a group practice, 7% (9) were independent practitioners, 4% (5) were part of a Federally Qualified Health Center (FQHC), and 13% (17) were part of a Behavioral Health Center (BHC).

Q2. Did your agency provide services to CBH members in 2023?

Result: 128 respondents (100%) provided services to CBH members in 2023.

Q3. How long has your agency been a provider with CBH?



Q3 results indicate that about 86% of respondents are from organizations with at least three years of experience working with CBH.

Q4. Please indicate the job titles of ALL the participants in this unique survey response.

(Providers can choose more than job title to represent everyone who is filling out this survey on behalf of the provider organization)

| Job Titles | 2022 Responders | 2023 Responders |
|--|-----------------|-----------------|
| Executive Director | 10% | 11% |
| President | 4% | 4% |
| Program Director | 16% | 17% |
| Administrative Leadership | 8% | 17% |
| Office or Administrative Support Staff | 8% | 6% |
| Billing Management Staff | 9% | 10% |

Q4. Please indicate the job titles of ALL the participants in this unique survey response.
 (Providers can choose more than job title to represent everyone who is filling out this survey on behalf of the provider organization)

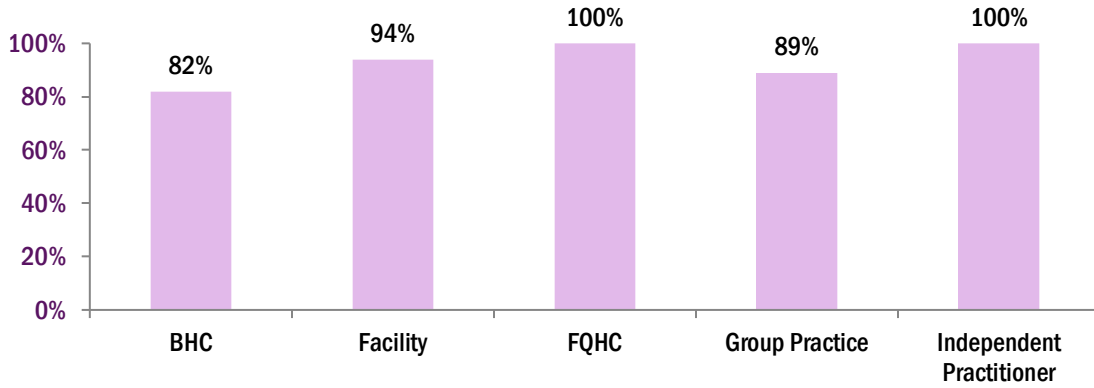
| Job Titles | 2022 Responders | 2023 Responders |
|-------------------------------------|-----------------|-----------------|
| Clinical Supervisor or Manager | 14% | 13% |
| Clinical Therapist or Social Worker | 11% | 11% |
| Peer Recovery Specialist | 4% | 2% |
| Tech or Other Frontline Staff | 3% | 4% |
| Other | 5% | 5% |

Q4 of the PSS asks providers to identify the role of the respondent completing the survey. Most respondents included the program director, administrative leadership, clinical supervisors/managers, clinical therapists or social workers, executive directors, and billing management staff. The results observed between 2022 and 2023 for participant titles are very similar.

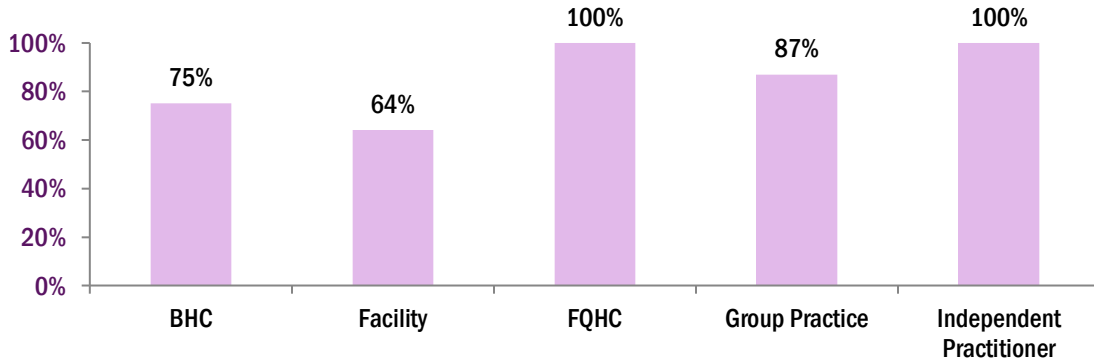
3.2. CBH Overall Satisfaction

| Questions | 2022 Score | 2023 Score |
|--|------------|------------|
| Q5. Overall, we are satisfied with our agency being a provider for CBH. | 82% | 93% |
| Q6. How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations? (If able to compare) | 64% | 81% |
| Q7. Overall, CBH meets our agency's needs. | 82% | 95% |

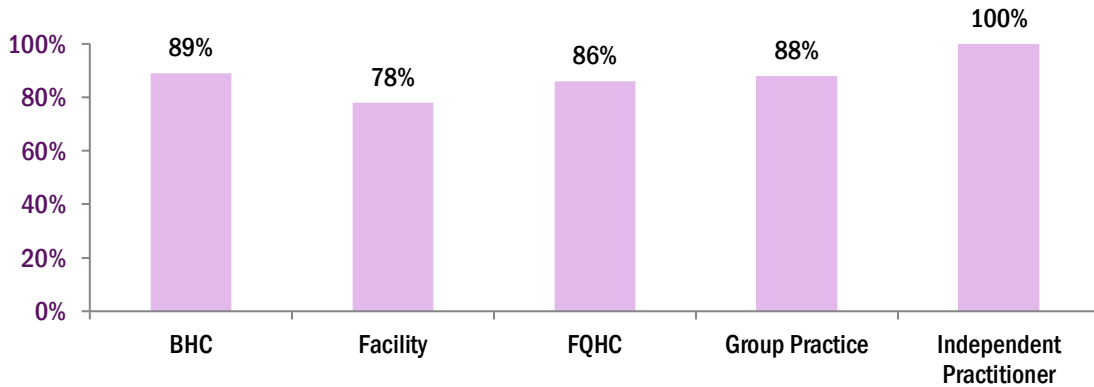
Q5. Overall, we are satisfied with our agency being a provider for CBH.



Q6. How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations?



Q7. Overall, CBH meets our agency's needs.



3.2.1. Analysis of Overall Satisfaction

CBH did meet the 85% threshold for overall satisfaction scores in 2023 for Q5 (93%), demonstrating an increase of 11 percentage points from the 2022 survey. Except for BHC (82%), each provider type reported a satisfaction score above 85%.

When comparing CBH to other insurers (Q6), CBH providers gave an overall rating of 81%, an increase of 9 percentage points from 72% on the 2022 survey. Although provider satisfaction has increased since the previous survey, this question did not meet the 85% threshold. Facility (82%), Group Practice (78%), and Independent Practitioner (60%) respondents rated this question below 85%.

Q7 asked, “Overall, CBH meets our agency’s needs.” In 2023, providers rated CBH at 95%, an increase of 13 percentage points from the 2022 survey’s 82%.

To address the satisfaction ratings below the 85% threshold, CBH reviewed the scores with internal leadership and relevant departments to develop actions for improvement.

3.3. CBH Member Services

Q9. How often have you contacted the CBH Member Services Department for assistance on behalf of your agency? (n=70)

| Daily | Weekly | Monthly | Rarely |
|-------|--------|---------|--------|
| 6% | 19% | 29% | 47% |

| Questions/Answers | 2022 Score | 2023 Score |
|---|------------|------------|
| Q10. When contacting the Member Services Department, the Member Service Representatives: | | |
| Were Professional | 96% | 100% |
| Were Clear | 92% | 100% |
| Were Knowledgeable | 87% | 100% |
| Answered My Questions | 91% | 96% |
| Q11. When contacting the Member Services Department: | | |
| I was satisfied with the services received. | 84% | 97% |
| My inquiry was resolved in a timely manner. | 82% | 96% |
| I felt confident that the representative was able to help me. | 84% | 91% |
| Q12. What are your primary reasons for contacting Member Services? | | |

| <i>Questions/Answers</i> | <i>2022 Score</i> | <i>2023 Score</i> |
|---|-------------------|-------------------|
| Concerns about a member | 51% | 51% |
| Aftercare for a member | 37% | 38% |
| Obtain treatment history for a member | 22% | 35% |
| Questions about authorizations for service levels of care | 35% | 44% |
| Referrals and linkages for treatment services/care coordination | 44% | 44% |
| Non-treatment resources connections | 44% | 8% |
| Medicaid benefit or eligibility questions | 8% | 38% |
| Languages access | 37% | 23% |
| Our agency did not contact Member Services | 23% | 2% |
| Other | 7% | 7% |
| Member Services Total Response Rates | 94% | 88% |

3.3.1. Analysis of Member Services

Measures for the 2023 PSS for the Member Services Department had an average score of 97% and a range of 91%-100%, an increase from the 2022 survey, which had an average score of 88% with a range of 82%-96%. Results of the 2023 PSS demonstrate that providers view the Member Service Department as providing high-quality service when responding to callers. The Member Services Department scored over the 85% threshold for each question. 2022 Member Services did not meet the 85% threshold for question 11. In 2023, their average for question 11 was 95%.

3.4. CBH Provider Relations

Q14. How often does your agency contact the CBH Provider Relations Department for assistance?

| Daily | Weekly | Monthly | Rarely |
|-------|--------|---------|--------|
| 1% | 15% | 49% | 33% |

| <i>Questions/Answers</i> | <i>2022 Score</i> | <i>2023 Score</i> |
|---|-------------------|-------------------|
| Q15. When contacting Provider Relations: | | |
| The Provider Representative returned our phone calls within 1 business day. | 87% | 90% |

| Questions/Answers | 2022 Score | 2023 Score |
|---|------------|------------|
| I ended the call feeling confident that the provider representative was able to help me . | 90% | 87% |
| The Provider Representative was professional. | 86% | 90% |
| I found the staff to be helpful and courteous. | 98% | 99% |
| My inquiry was resolved in a timely manner. | 95% | 92% |
| The Provider Representative provided linkages to the appropriate CBH department. | 82% | 82% |
| Provider Relations Total Response Rates | 89% | 90% |

3.4.1. Analysis of Provider Relations

Measures for the 2023 PSS for the Provider Relations Department ranged from 82%-99% with an average score of 90%, which showed similar results to the 2022 survey, which had an average score of 89% and ranged from 83%-99%. This may indicate that the 2023 PSS results demonstrate that providers view the Provider Relations Department as professional, helpful, and courteous. Ongoing efforts to improve communication and relationships with providers, as well as the overall customer service efforts of the Provider Relations Department, have supported strong positive scores on the PSS. Provider Relations offered intensive support to network providers in navigating the structure, routines, and expectations of a work experience that includes telehealth and remote interactions between CBH and providers. CBH’s Provider Relations department met the 85% threshold and will continue ongoing efforts to ensure timely communication.

3.5. CBH Provider Training and Development (PT&D)

Q17. How often have you attended any webinars or virtual workshops offered by PT&D? For example, Assessment and Case Formulation, Recovery Planning, or Clinical Supervision.

| Monthly | A Few Times a Year | Rarely | Never |
|---------|--------------------|--------|-------|
| 9% | 38% | 30% | 23% |

| Questions/Answers | 2022 Score | 2023 Score |
|--|------------|------------|
| Q18. What has prevented you from attending webinars or virtual workshops? | | |
| Topics did not meet my needs or interests. | 49% | 32% |
| I had problems logging into the DBHIDS Learning Management System. | 20% | 8% |

| Questions/Answers | 2022 Score | 2023 Score |
|---|------------|-------------|
| The training schedule conflicts with my schedule. | 45% | 42% |
| Q19. Please rate your experience for webinars and virtual workshops you attended. | | |
| I was satisfied with the overall quality of webinars and virtual workshops. | 94% | 98% |
| The course material met the stated objectives and/or course description. | 96% | 100% |
| Attendees' knowledge on the subject increased after attending the webinar or virtual workshop. | 88% | 100% |
| The facilitators were knowledgeable, understandable, and responsive to questions. | 94% | 100% |
| Q21. Please rate your agreement with the following statements about Technical Assistance (TA): | | |
| I was satisfied with the overall quality of technical assistance. | 87% | 100% |
| The provider training and development specialists worked in collaboration with me/my agency. | 93% | 100% |
| Technical assistance addressed my organization's goals for improvement and/or development. | 80% | 100% |
| I would recommend technical assistance to other CBH-contracted providers. | 87% | 100% |
| PT&D Total Response Rates | 90% | 100% |

3.5.1. Analysis of PT&D

PT&D met the overall threshold of 85% with an average score of 100% and a range of 98-100% for the 2023 year. The 2023 PSS results demonstrate that providers view PT&D as providing quality training and increased attendees' knowledge with webinars and virtual training.

PT&D has focused on modifying methods of interfacing with providers to meet today's provider network needs. Specialists have offered responsive and impactful virtual support via training and technical assistance, and their ongoing efforts to implement technology use, improve communication/accessibility with providers, and improve overall customer service have supported strong positive scores on the PSS. PT&D will continue to identify and track trends and evaluate the provider network's feedback to ensure that we provide meaningful and engaging opportunities for them to thrive within the network.

3.6. CBH Contracting

| Questions/Answers | 2023 Score |
|---|------------|
| Q23. When contacting a Provider Contracting Specialist, they were: | |
| Professional | 97% |

| Questions/Answers | 2023 Score |
|---|------------|
| Knowledgeable | 97% |
| Q24. The Provider Contracting Specialist returned my phone call and/or email within three business days. | |
| The Provider Contracting Specialist returned my phone call and/or email within three business days. | 89% |

3.6.1. Analysis of Contracting

In 2023, CBH decided to include survey questions around services offered to the CBH provider network by the Provider Contracting Department, which is overseen by Provider Operations. The Provider Contracting Department met the overall threshold of 85% with an average score of 94% and a range of 89-97% for the 2023 year.

The 2023 PSS results demonstrate that providers view the Contracting Department as professional, knowledgeable, and timely.

3.7. CBH Clinical Management

| Questions/Answers | 2022 Score | 2023 Score |
|---|------------|------------|
| Q26. What type(s) of authorization requests did you participate in during 2023? Please select all that apply. | | |
| Adult Acute Psychiatric (AIP, SAIP, Partial Hospitalization, Crisis Residence, 23-hour Assessment) | 15% | N/A |
| Adult Acute Psychiatric (AIP, SAIP, Partial Hospitalization, Extended Acute Care, Crisis Residence, 23-hour Assessment) | N/A | 6% |
| Adult Residential Rehabilitation (ASAM 2.5, Partial, 3.1, HWH, 3.5, 3.7, 3.7WM, 4, 4WM) | 23% | 8% |
| Adult Community Based Services (Adult Mental Health Residential, RTF-A, LTSR, CTT-CSL, ACT, Non-Hospital EAC) | 26% | N/A |
| Adult Community Based Services (ASAM 2.1/IOP, Adult Mental Health Residential, RTF-A, LTSR, CTT-CSL, ACT, Non-Hospital EAC) | N/A | 8% |
| Complex Care (Extended Acute Care) | 10% | N/A |
| Specialized Psychology (ECT, Psychological testing) | 5% | 1% |
| Child Acute (AIP, Acute, Long-Term Partial Hospitalization, CSU, CMCT, CMIS) | 18% | 10% |
| Child/Adolescent Psychiatric Residential (CRR-HH, Adolescent Residential Rehabilitation, PRTF) | 8% | 5% |
| Children’s Community-Based Services (FBS, FFT, MST-PSB, Early Childhood Treatment, Blended Case Management) | 24% | 22% |

| Questions/Answers | 2022 Score | 2023 Score |
|--|------------|------------|
| IBHS (IBHS and IBHS-ABA Initial Assessment and Treatment, BHT and BHT-ABA, IBHS and IBHS-ABA BC, MT, GMT, CTSS) | 39% | N/A |
| IBHS | N/A | 22% |
| IBHS-ABA | N/A | 25% |
| IBHS-Group | N/A | 16% |
| STEP | N/A | 1% |
| I did not participate in prior authorizations. | 11% | 1% |
| Q27. Have you used the Authorization section of the CBH Provider Manual? | | |
| Yes | 64% | 85% |
| No | 36% | 15% |
| Q28. Please rate your agreement with the following statements regarding the Authorization section of the CBH Provider Manual. | | |
| Instructions for making a prior authorization request are easy to find. | 76% | 87% |
| Care management practices for prior authorization requests are consistent with the processes as described. | 78% | 87% |
| Q29. How clear and understandable are the documented instructions for these processes? | | |
| Instructions for making an authorization request | 84% | 88% |
| Instructions to reach a peer reviewer | 76% | N/A |
| Instructions to reach a psychologist/psychiatrist advisor for peer review | N/A | 95% |
| Q31. Please rate your agreement with following statements: | | |
| CBH care management staff are helpful. | N/A | 100% |
| CBH care management staff are collaborative. | N/A | 98% |
| CBH care management staff are solutions-focused. | N/A | 95% |
| The care manager for UM is prepared and knowledgeable about the member's history to support the treatment decision-making process. | N/A | 93% |
| I am satisfied with the customer service received from care management staff. | N/A | 98% |
| Clinical Management Total Response Rates | 79% | 93% |

Q30. How often did you/your agency interact with Care Management staff in the CBH Clinical UM Department in 2023?

| Daily | Weekly | Monthly | Rarely | Never |
|-------|--------|---------|--------|-------|
| 9% | 43% | 39% | 2% | 7% |

3.7.1. Analysis of CBH Clinical Management

Q26 and Q29 were altered to assess the services provided in Clinical Management more accurately. For example, Q29 on the 2022 PSS uses the term “peer reviewer,” which was edited to be “psychologist/psychiatrist advisor for peer review” on the 2023 PSS. This updated term better reflects the service that is provided.

Measures for the 2023 PSS for the Clinical Management Department ranged from 86-100%, with an average score of 93%. This is an increase from the results from the 2022 survey, which had an average score of 79% and a score range of 74-87%.

Survey results in the Clinical section indicate that providers view the authorization materials, instructional materials, and customer service experience as satisfactory. All items in the Clinical section met the 85% threshold.

3.8. CBH Claims Management

| Questions/Answers | 2022 Score | 2023 Score |
|--|------------|------------|
| Q33. When our agency contacted CBH Claims Department with claims-related issues, we: | | |
| Were satisfied with the service we received | 94% | 100% |
| Were satisfied with the issue resolution time | 91% | 95% |
| Received initial follow-up within 48 hours (when appropriate) | 90% | 93% |
| Q34. When our agency had questions regarding paper or electronic claims, the CBH Claims technical analysts: | | |
| Were professional | 97% | 100% |
| Were clear | 94% | 98% |
| Answered my questions | 95% | 98% |
| Q35. When our agency had questions regarding adjustments, the CBH Claims technical analysts: | | |
| Were professional | 97% | 97% |
| Were clear | 94% | 94% |

| Questions/Answers | 2022 Score | 2023 Score |
|---|------------|------------|
| Answered my questions | 94% | 94% |
| Q36. When our agency called with questions regarding third party liability, the technical analysts in the CBH Claims Department: | | |
| Were professional | 95% | 98% |
| Were clear | 90% | 96% |
| Answered my questions | 90% | 96% |
| Claims Management Total Response Rates | 93% | 97% |

3.8.1. Analysis of CBH Claims Management Department

Measures for the 2023 PSS for the Claims Management Department ranged from 93-100%, with an average score of 97%. The 2023 rates indicated a slight increase from the 2022 survey, with an average score of 93% and a 90-97% range.

The 2023 PSS results indicate that providers view the Claims Management Department Analyst as providing satisfactory services when working with providers. The Claims Department will continue offering CBH staff and the provider community training regarding processes, procedures, documents, and expectations.

3.9. CBH Quality Management & Performance Evaluation Department

| Quality Management Questions/Answers | 2022 Score | 2023 Score |
|---|------------|------------|
| Q38. CBH Quality Management specialists clearly explain the following processes: | | |
| Significant Incident Reporting | 87% | 86% |
| Quality Improvement Plan | 82% | 82% |
| Q40. CBH Complaints and Grievances staff: | | |
| Are timely when notifying the provider of a member complaint | 85% | 96% |
| Clearly explain CBH's expectations of the provider during the member complaint process | 89% | 90% |
| Q41. CBH Complaints & Grievances staff conduct complaint investigations in an efficient and comprehensive manner. | | |
| | 79% | 86% |
| Q37. When indicated, CBH Quality Management Staff provided timely notification of continuation rights for the grievance process. | | |
| | 85% | 90% |
| Performance Evaluation Questions/Answers | 2022 Score | 2023 Score |

| Quality Management Questions/Answers | 2022 Score | 2023 Score |
|--|------------|------------|
| Q40. The Pay-for-Performance (P4P) Operational Definitions document supplied by the P4P staff is easily understandable. | 64% | 74% |
| Q40. The P4P Staff communicated timely information on the metrics being evaluated. | 66% | 76% |
| Quality Management/Performance Evaluation Total Response Rates | 80% | 85% |

3.9.1. Analysis of Quality Management and Performance Evaluation Department

Measures for the 2023 PSS for the Quality Management and Performance Evaluation Departments, which had an average score of 85%, ranged from 74-96%, which showed an increase in results from the 2022 survey, which had an average score of 80% and a range of 64-89%. Measures related to satisfaction with CBH Quality processes ranged from 82-96%, and surveyed providers were satisfied overall with the information received about the complaint process, clinical appeals, and significant incident reporting. The 2023 PSS results revealed some opportunities for continued improvement.

The following measures did not meet the 85% threshold: Q38 clearly explains the Quality Improvement Plan process. Furthermore, neither Q44 nor Q45 achieved a satisfaction rate of 85% or greater. As a result of this survey, the Quality Management Department has identified the following action steps:

1. Program managers from Quality Management will update onboarding education to include procedures related to long-acting injectables.
2. The nursing supervisor from Quality Management will develop an automatic flag in electronic health records to inform the treatment team that a patient is due for a long-acting injectable.
3. The Program Manager at Quality Management will update the medication administration policy to include weekly reviews of the medication Administration Records.
4. Performance Evaluation staff will develop a FAQ sheet for the P4P program.
5. Performance Evaluation Staff will update the data process output timeline.
6. Performance Evaluation staff will collaborate with Provider Operations to obtain contact information for quality and performance staff so that data is shared with the appropriate staff.

3.10. CBH Compliance Department

| Questions/Answers | 2022 Score | 2023 Score |
|--|------------|------------|
| Q48. What type(s) of audits did you have in 2023? | | |
| Onsite | 19% | 26% |

| Questions/Answers | 2022 Score | 2023 Score |
|--|------------|------------|
| Desk (Remote audit of EMR/EHR) | 36% | 31% |
| Desk-Chart Submission | N/A | 14% |
| Self | 4% | 2% |
| Staff File | 6% | 2% |
| Did not participate in an audit | 31% | 24% |
| Q47. Instructions for completing a self-audit or reporting fraud, waste, and abuse are easy to find. | 84% | N/A |
| Q49. For CBH Compliance Department-conducted audits, written communication about the audit was consistent with the verbal feedback received in the audit process. | 88% | 97% |
| Q53. A self-audit process is a basic component of an organizational compliance plan. If you had a 2022 self-audit, did you find it valuable? | 89% | 96% |
| Q55. When our agency had contact with the CBH Compliance Department we found them to be: | | |
| Professional | 94% | 98% |
| Knowledgeable | 94% | 100% |
| Collaborative | 80% | 93% |
| Q56. If you have a concern about fraud, waste, and abuse, you know how to report it. | 85% | 98% |
| Q54. The content of <i>Compliance Matters</i> helped to improve our compliance program. | 94% | 91% |
| Compliance Department Total Response Rates | 85% | 96% |

3.10.1. Analysis of the Compliance Department

Measures for the 2023 PSS for the Compliance department ranged from 91-100% with an average score of 96%, an improvement from the 2022 survey, which had a score range of 71-100% and an average score of 88%.

The 2023 PSS results indicate that providers view the Compliance Department as providing satisfactory services when working with providers. The Compliance Department will continue to offer consistent feedback and clear directions for self-audits.

3.11. Credentialing and Re-Credentialing

Beginning with the 2020 survey, the PSS included new sections and questions on Credentialing, which involves the Provider Operations and Compliance departments, and Re-Credentialing, managed by Compliance and NIAC. All measures must meet the 85% threshold for satisfaction.

Q60 and Q61 are answered only by providers identifying as FQHCs and facilities providers in the CBH Network. Q62, 63, 65, and 66 are responded to by providers identifying as independent practitioners/group practices.

| Questions/Answers | 2022 Score | 2023 Score |
|--|------------|------------|
| FQHCs and Facilities | | |
| Q60. Documentation about the CBH credentialing process is easy to find. | 73% | 92% |
| Q61. CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual. | 95% | 92% |
| Independent Practitioners/Group Practices | | |
| Q62. Documentation about the CBH credentialing process is easy to find. | 85% | 86% |
| Q63. CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual. | 85% | 100% |
| Q65. Documentation about the CBH re-credentialing process is easy to find. | 85% | 100% |
| Q66. CBH re-credentialing practices are consistent with the process as documented in the CBH Provider Manual. | 88% | 91% |
| Credentialing and Re-Credentialing Total Response Rates | 85% | 92% |

3.11.1. Analysis of Credentialing and Re-Credentialing

Measures for the 2023 PSS for the Credentialing and Re-Credentialing ranged from 86%-100% with an average score of 92% which is an improvement from the 2022 survey which had a score range of 74%-96% with an average score of 85%. The 2023 PSS results represent a small sample with responses ranging from 7-19 respondents per question. In this assessment, there was an improvement from the previous year and all items scored above the 85% threshold.

3.12. CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)

| Questions/Answers | 2022 Score | 2023 Score |
|---|------------|------------|
| Q69. Documentation about the recredentialing process and Network Inclusion Criteria (NIC) Standards for Excellence are easy to find. | 96% | 100% |
| Q66. NIAC re-credentialing practices are consistent with the process as documented in the current NIC. | 92% | 89% |
| Q71. Did your agency have a virtual NIAC site visit in 2023? | | |
| Yes | 27% | 36% |

| Questions/Answers | 2022 Score | 2023 Score |
|---|------------|------------|
| No | 73% | 64% |
| Q72. During our NIAC virtual site visit we found the NIAC team to be: | | |
| Professional | 90% | 100% |
| Knowledgeable | 81% | 84% |
| Collaborative | 71% | 88% |
| Accommodating | 76% | 92% |
| Q73. NIAC staff effectively communicated site visit adaptations to support the virtual review process during: | | |
| Preparation for the site visit | 90% | 88% |
| On-site review process | 83% | 67% |
| Post-visit follow-up | 89% | 74% |
| Q74. The activities completed during the NIAC site review adequately capture the services provided at our agency. | 77% | 73% |
| Q75. The NIAC team provided helpful feedback in response to the virtual site visit. | | |
| Oral/verbal feedback | 68% | 77% |
| Written feedback | 68% | 77% |
| Q76. The NIAC virtual site review provided information and/or clarification of the DBHIDS Practice Guidelines. | 77% | 88% |
| Q77. The pre-recorded NIC Provider Orientation was informative in explaining the purpose of the NIAC processes and activities, as well as clarifying the expectations held for our agency. | 72% | 92% |
| Q78. A performance improvement plan (PIP) is developed as a result of every NIAC site review. This process was collaborative and effective in prompting improvements in service delivery and driving procedural/programmatic change. | 64% | 77% |
| NIAC Department Total Response Rates | 80% | 83% |

3.12.1. Analysis of NIAC

Measures for the 2023 PSS for NIAC ranged from 67-100% with an average score of 83%, an increase from the 2022 survey, which had a score range of 64-90% with an average score of 78%. The response rate for this section averaged 26 responses per question.

The 2023 PSS results showed strengths and areas for continued growth opportunities for the NIAC teams. 27 of the 61 respondents who completed Q70 had contact or experience working with NIAC in 2023.

For the following measures: Q72, Q73, Q74, Q75, Q76, and Q78 scores did not reach an 85% positive rating. After discussing these outcomes, NIAC identified the following action steps to work toward the improvement of satisfaction scores:

1. NIAC teams will ensure they request the most up-to-date program descriptions from the provider.
2. PSS question 73 will be revised to remove “on-site” as an option and explicitly define what “Post-visit” means. This change is to ensure clarity for survey respondents.
3. NIAC teams will do more periodic check-ins during the PIP process.

4. SUMMARY

The 2023 PSS consisted of 81 questions and assessed overall satisfaction with CBH and department-specific satisfaction. Overall, CBH demonstrated 93% satisfaction, meeting the 85% threshold. The results of this PSS were reviewed with CBH leadership.

Member Services met the 85% threshold on all questions for the PSS in 2023. Their nine percentage point improvement in provider satisfaction demonstrates that they have made valuable efforts to improve provider satisfaction, specifically by resolving inquiries in a timely manner and providing high-quality help to providers.

The Provider Relations and the Provider Training Department also demonstrated the ability to meet or exceed customer service expectations, scoring over 85% positive on all but one item. Provider Relations continues to target the item that has scored under 85%, which is “my inquiry was resolved in a timely manner.” They will monitor quality assurance telephone calls and elevate unresolved inquiries to leadership within 48 hours for additional support.

The Contracting section of the PSS scored an average above the 85% threshold. Contracting will continue to provide quality, timely services.

The Clinical Management Department has scored above 85% on each question and item. This department’s improvement from the 2022 satisfaction score of 79% to 93% in 2023 demonstrates that the previous year’s efforts to improve and implement the Provider Manual and training efforts to support standardized authorization and peer-review processes have made an impact.

The Claims Department’s responses to the 2023 PSS were 93% or higher in satisfaction for all items. This represents a continued strong endorsement of this team’s efforts to meet the needs of the CBH provider network. The Claims Department will continue to develop and conduct internal/external training to ensure clarity in processes, procedures, documents, and expectations.

The Quality Management Department scored above the 85% threshold for nearly all items assessed: explanation around clinical appeals, complaints, significant incident reporting, timeliness, efficiency, and scope of processes. Providers were not as satisfied with the support for the Quality Improvement Plan (QIP) process. Therefore, further training, an electronic health record notification process, and a policy for reviewing medication administration records for 2024 will be developed. Satisfaction scores for P4P

measures continue to fall below the 85% threshold. The Performance Evaluation staff will create a FAQ sheet, date data processing output timeline, and collaborate with provider operations to ensure that the appropriate staff receives data.

With the 2023 PSS, the Compliance Department scored above the 85% threshold on all questions and items. This shows a commitment to providing solid services to the CBH network providers. The Compliance Department will continue to provide collaborative efforts to meet regulatory standards and promote clear pathways for information sharing around fraud, waste, and abuse reporting.

The cross-departmental Credentialing and Re-Credentialing processes met the 85% threshold on all questions. Efforts from the previous year to improve scores include updates to the CBH website and Provider Manual and evaluating the benefit of a Re-Credentialing liaison when closing initial Credentialing activities.

In 2023, the NIAC Department did not meet the 85%. However, their scores noted improved professionalism, collaboration, and being informative with site reviews. Despite the small sample, items that fell below 85% satisfaction on this survey did help NIAC staff to identify targeted areas for improvement in 2024. Aligning the NIAC feedback survey and PSS evaluation areas will further assist in clarifying these. Feedback from providers will continue to inform NIACs offering of training, audit process documentation, communication of expectations, and assessment of each program's unique strengths.

All involved CBH departments will utilize the results obtained as part of the PSS process and continue to work on implementing, adjusting, and improving the identified action steps. Quality Management staff and departmental leadership at CBH will review these actions quarterly through 2024. The PSS process is subject to annual review, allowing updates to all measures to ensure CBH is effectively capturing and responding to feedback from the provider network.